

FINANCIAL STATEMENT

DATE OF STATEMENT _____

ASSETS

CURRENT ASSETS:

CASH IN BANK (TRUST ACCOUNT) \$ _____

NAME OF BANK OR FINANCIAL INSTITUTION

CASH IN BANK (OPERATING ACCOUNT) \$ _____

NAME OF BANK OR FINANCIAL INSTITUTION

CASH ON HAND \$ _____

ACCTS. RECEIVABLE (CLIENTS) \$ _____

ACCTS. RECEIVABLE (OTHER) \$ _____

NOTES RECEIVABLE \$ _____

MARKETABLE SECURITIES \$ _____

(LOWER COST OR MARKET)

MARKET MONEY FUNDS \$ _____

OTHER ASSETS \$ _____

DESCRIBE:

TOTAL CURRENT ASSETS

PROPERTY & EQUIPMENT \$ _____

AUTOMOBILES \$ _____

OFFICE EQUIPMENT \$ _____

LEASEHOLD IMPROVEMENTS \$ _____

LESS ACCUMULATED DEPRECIATION \$ _____

NET PROPERTY & EQUIPMENT \$ _____

TOTAL ASSETS \$ _____

LIABILITIES AND EQUITY

CURRENT LIABILITIES:

ACCTS. PAYABLE (CLIENTS) \$ _____

(IF CLIENTS ARE NOT OWED ANYTHING SO
STATE AND EXPLAIN ON BACK OF THIS
FORM)

ACCTS. PAYABLE (OTHER) \$ _____

NOTES PAYABLE (SHORT TERM) \$ _____

DESCRIBE: _____

TAXES PAYABLE \$ _____

WAGES PAYABLE \$ _____

OTHER LIABILITIES \$ _____

ITEMIZE: _____

TOTAL CURRENT LIABILITIES \$ _____

EQUITY:

CAPITAL STOCK	\$	_____
RETAINED STOCK	\$	_____
TREASURY STOCK	\$	_____
TOTAL EQUITY	\$	_____
TOTAL LIABILITY & EQUITY	\$	_____

IF APPLICABLE FILL OUT THE FOLLOWING:

CONTINGENT LIABILITIES _____ EXPLAIN

(GUARANTOR OR ENDORSER)

LONG TERM LEASES	PAYMENT	_____	TOTAL	_____	MONTHLY	_____
EQUIPMENT	PAYMENT	_____	TOTAL	_____	MONTHLY	_____
PREMISES	PAYMENT	_____	TOTAL	_____	MONTHLY	_____

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THE INFORMATION CONTAINED HEREIN TO BE HELD IN COMPLETE CONFIDENCE WITHIN THE TENNESSEE COLLECTION SERVICE BOARD.

(PERSONAL – PARTNERSHIP – CORPORATION)
(CIRCLE ONE OF THE ABOVE)

NAME OF COLLECTION SERVICE _____

FULL ADDRESS _____

STREET & ADDRESS	P.O. BOX	CITY, STATE & ZIP CODE
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APPLICANT'S AFFIDAVIT

I CERTIFY THE ATTACHED FINANCIAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY PUBLIC ACCOUNTANT'S INFORMATION IS PROVIDED BELOW.

Name: _____

CPA or PA license No.: _____

Company Name: _____

Address: _____

Phone No.: _____

Manager and/or Owner's Signature

Agency Name

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires: _____

***Any misrepresentation may result in denial of a new application or disciplinary action against a licensee on renewal. Please note this Board has the authority to review or investigate any information provided in this application or renewal pursuant to TCA §6220115.**